

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 17 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

29752

1. PLACE OF DEATH

County

Township

City

(No.

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Willie Nightingale		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6, 1853		
7. AGE 80	YEARS 8	MONTHS 6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Byron Wis.		
13. NAME Benjamin Nightingale		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England		
15. MAIDEN NAME Caroline Hewell		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York		
17. INFORMANT (ADDRESS) Grace H. J. J. J.		
18. BURIAL, CREMATION, OR REMOVAL MT Hope Cem DATE 8-15-34		
19. UNDERTAKER (ADDRESS) Hurlbut and Co		
20. FILED 8-14 1934 Ed D. Jone Registrar		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1934	Date of onset 8-11-34
22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1934 to Aug 12 1934	3.0
I last saw him alive on Aug 12 1934 Death is said to have occurred on the date stated above, at 5 P m.	8-12-34
The principal cause of death and related causes of importance were as follows: Heart stroke	
Other contributory causes of importance: Cerebral hemorrhage	
Name of operation Clavus	Date of 1934
What test confirmed diagnosis Clavus	Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) H. J. J. M. D. (Address) J. J. J.	

